

**TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT**

TO: Mayor and Councilmembers

FROM/PHONE: Herb Hyman/1016

PREPARED BY: Herb Hyman

SUBJECT: Resolution

AFFECTED DISTRICT: n/a

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF CRISIS HOUSING SOLUTIONS TO PROVIDE PROGRAM ADMINISTRATION SERVICES FOR MOBILE HOME REPAIRS-DRI PROGRAM AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

REPORT IN BRIEF: The Town solicited competitive sealed proposals to provide administrative services for mobile home repairs-DRI Program. RFP documents were sent to thirty (30) prospective respondents. Additionally, the solicitation was advertised statewide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's website. The Town received three (3) response. All proposals are available for viewing in the Purchasing Division. The selection committee scored each of the proposals received and recommends Crisis Housing Solutions in accordance with the attached scoring sheet. Upon approval of this resolution, the negotiation team will begin negotiating a contract with the selected firm and present that agreement for approval at a future meeting date.

PREVIOUS ACTIONS: n/a

CONCURRENCES: The selection committee scored Crisis Housing Solutions as the highest scoring firm.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the selected firm

Account name and number: Housing and Community Development-
Contractual Services

RECOMMENDATION(S): Motion to approve resolution

Attachment(s):

Procurement Authorization

Selection Committee Ranking Sheet

Incorporation Information

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF CRISIS HOUSING SOLUTIONS TO PROVIDE PROGRAM ADMINISTRATION SERVICES FOR MOBILE HOME REPAIRS-DRI PROGRAM AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to provide program administration services for mobile home repairs-DRI Program; and

WHEREAS, the selection committee has selected Crisis Housing Solutions as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Crisis Housing Solutions as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2010

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2010

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER. 011-1603-554-03-06 **BUDGET ITEM & DESCRIPTION** DRI Mobile Home Repair/Replacement Program **APPROXIMATE COST** \$498,000
HOUSING - CONTRACTUAL SERVICES PROGRAM ADMINISTRATION
METHOD OF PROCUREMENT (check the one that applies)

☐ Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source or Single Source
☒ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed [Signature]
Department Head

Have Funds been Reserved REQ. 38892

Date 3/9/2008 Signed [Signature]

Signed [Signature]
Town Administrator

BIDS SUBMITTED

VENDOR	COST
CRISIS HOUSING SOLUTIONS	RANKED 1ST
SEI CORPORATION	RANKED 2ND
METRO CONTRACTORS	RANKED 3RD

Signed [Signature]
Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

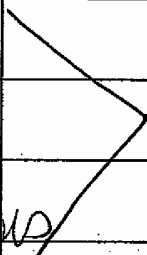
Vendor	Cost
CRISIS HOUSING SOLUTIONS	RANKED 1ST

BID OPENING REPORT

BID NAME: Mobile Home Repairs
 BID NUMBER: B-10-65 On-program
 ESTIMATED COST: \$498,000.00

TIME: 2:15pm
 DATE: 4-6-10

NO. CONTRACTOR'S NAME BID AMOUNT COMMERCIAL RANKING

1.	<u>Soft Corporation</u>		<u>SEE</u>
2.	<u>Crisis Housing</u>		<u>SCORING</u>
3.	<u>Metro Centrales</u>		<u>SHEET</u>
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

SPECS. SENT TO THIRTY (30) PROSPECTIVE RESPONDENTS
TOWN REC'D THREE (3) PROPOSALS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [Signature]
 WITNESS: Elena Blackston

DATE: 4/6/2010
 DATE: 4-6-10

	A	B	C	D
1				
2				
3		PROGRAM ADMINISTRATION		
4		MOBILE HOME REPAIRS-DRI PROGRAM		
5				
6	COMMITTEE MEMBER	SoFL	Crisis	Metro
7		Corporation	Housing	Contractors
8				
9	W. ACKERMAN	46	79	8
10	R. MUNIZ	70	92	32
11	M. DIEZ	75	60	15
12	L. NGUYEN	55	70	55
13	B. HITCHCOCK	85	90	80
14	G. MOSS M. TAYLOR	63	84	33
15	H. HYMAN	88	96	4
16				
17	TOTAL	490	571	197
18				
19	RANKING	2 ND	1 ST	3 RD
20				

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) ADOPT A HURRICANE FAMILY, INC.	
	Business name, if different from above D/B/A CRISIS HOUSING SOLUTIONS	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 4700 SW 64th AVENUE - SUITE C	Requester's name and address (optional)
	City, state, and ZIP code DAVIE, FL 33314	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

 Social security number

--	--	--	--	--	--	--	--	--	--

OR

 Employer identification number
20-3494053
Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

 Sign
Here

 Signature of
U.S. person

 Date **4-6-10**
Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Town of Davie Vendor/Bidder Disclosure

I, CRAIG VANDERLAAN, being first duly sworn state that:

The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: CRISIS HOUSING SOLUTIONS
(DIV. OF ADOPT-A-AMERICAN FAMILY, INC.)

Address: 4700 SW 64 AVE, SUITE C

DAVIE, FL 33314

FEIN

20-3494053

State and date of incorporation

FLORIDA - 9/16/2005

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

NOTE: OFFICERS/DIRECTORS ARE LISTED BELOW. NONE WILL LOBBY.

Full Legal Name	Address	Ownership
<u>CRAIG VANDERLAAN</u>	<u>4700 SW 64 AVE, SUITE C</u> <u>DAVIE, FL 33314</u>	<u>PRES 0%</u>
<u>LISA VANDERLAAN</u>	<u>3730 NW 18 ST.</u> <u>PEMBROKE PINES, FL 33324</u>	<u>VP 0%</u>
<u>RICK FOGLEY</u>	<u>4114 WIMBLEDON DR</u> <u>CAHOPE CITY, FL 33026</u>	<u>SEC 0%</u>
<u>MARY MACOMBER</u>	<u>3804 SW 84 AVE</u> <u>CORAL SPRINGS, FL 33065</u>	<u>DIR 0%</u>
<u>JANET RILEY</u>	<u>4912 SE 7</u> <u>PLANTATION, FL 33317</u>	<u>DIR 0%</u>
<u>AL WRITTS</u>	<u>1601 NW 101 AVE</u> <u>PEMBROKE PINES, FL 33324</u>	<u>DIR 0%</u>
<u>MARCIA BARRY-SMITH</u>	<u>4100 EXPRESS CIRCLE RD.</u> <u>FT. LAUDERDALE, FL 33309</u>	<u>DIR 0%</u>
<u>ISMAEL MARTINEZ</u>	<u>1400 W. COMMERCIAL BLVD. #3607</u> <u>FT. LAUDERDALE, FL 33304</u>	<u>DIR 0%</u>
<u>CARRIE TURNER</u>	<u>10250 SW 53 ST.</u> <u>SUNRISE, FL 33050</u>	<u>DIR 0%</u>

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

N/A

By: [Signature]

Signature of Affiant

Date: 4/6/10

CRAIG VANDERLAAN

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 6 day of APRIL 2010, by CRAIG VANDERLAAN, he/she is personally known to me or has presented _____ as identification.

Helen M. Long
Notary Public, State of Florida at Large



Print or Stamp of Notary

Serial Number

My Commission Expires: 4/27/2013

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DIVISION OF CORPORATIONS

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Fictitious Name

CRISIS HOUSING SOLUTIONS

Filing Information

Registration Number G08133900046
Status ACTIVE
Filed Date 05/09/2008
Expiration Date 12/31/2013
Current Owners 1
County BROWARD
Total Pages 1
Events Filed NONE
FEI/EIN Number NONE

Mailing Address

8730 N.W. 18TH STREET
PEMBROKE PINES, FL 33024

Owner Information

ADOPT A HURRICANE FAMILY, INC.
8730 N.W. 18TH STREET
PEMBROKE PINES, FL 33024
FEI/EIN Number: 20-3494053
Document Number: N05000009706

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Detail by FEI/EIN Number

Florida Non Profit Corporation

ADOPT A HURRICANE FAMILY, INC.

Filing Information

Document Number N05000009706
FEI/EIN Number 203494053
Date Filed 09/20/2005
State FL
Status ACTIVE
Effective Date 09/16/2005
Last Event REINSTATEMENT
Event Date Filed 10/28/2008
Event Effective Date NONE

Principal Address

4700 N.W. 64TH AVENUE
SUITE C
DAVIE FL 33314

Changed 04/20/2010

Mailing Address

4700 N.W. 64TH AVENUE
SUITE C
DAVIE FL 33314

Changed 04/20/2010

Registered Agent Name & Address

VANDERLAAN, CRAIG D
8730 NORTHWEST 18TH STREET
PEMBROKE PINES FL 33024 US

Officer/Director Detail

Name & Address

Title EDIR

VANDERLAAN, CRAIG D
8730 NORTHWEST 18TH STREET
PEMBROKE PINES FL 33024

Title VP,

VANDERLAAN, LISA M
8730 NORTHWEST 18TH STREET

PEMBROKE PINES FL 33024

Title SEC

SMITH, MICHAEL P
15020 E. WATERFORD DRIVE
DAVIE FL 33331

Annual Reports

Report Year Filed Date

2008	10/28/2008
2009	04/06/2009
2010	04/20/2010

Document Images

04/20/2010 -- ANNUAL REPORT	View Image in PDF format
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10/28/2008 -- REINSTATEMENT	View Image in PDF format
04/30/2007 -- ANNUAL REPORT	View Image in PDF format
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02/22/2006 -- ANNUAL REPORT	View Image in PDF format
09/20/2005 -- Domestic Non-Profit	View Image in PDF format

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